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APPLICATION FOR RENEWAL:  CLASS  LICENSEE NAME: POLISH AMERICAN CITIZENS OF DOING BUSINESS A  ADDRESS 7 BLISS ST.  CITY/TOWN: MONSON STATE: M  MANAGER: KLISIEWICZ, TYPE OF LICENSE STANLEY  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR DESCRIPTION OF LICENSED PREMISES:	CLUB INC.  MA ZIP CODE: 01057
LICENSEE NAME: POLISH AMERICAN CITIZENS OF DOING BUSINESS A ADDRESS 7 BLISS ST. CITY/TOWN: MONSON STATE: MANAGER: KLISIEWICZ, TYPE OF LICENSE STANLEY EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	CLUB INC.  MA ZIP CODE: 01057
DOING BUSINESS A  ADDRESS 7 BLISS ST.  CITY/TOWN: MONSON STATE: M  MANAGER: KLISIEWICZ, TYPE OF LICENSE STANLEY  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	MA ZIP CODE: 01057
MANAGER: KLISIEWICZ, TYPE OF LICENSE STANLEY  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	
STANLEY  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	CATEGORY: All Alcohol
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	
DESCRIPTION OF LICENSED PREMISES:	OUR EMAIL ADDRESS
7 BLISS ST. BASEMENT	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	r the same premises now licensed;
2. the licensee has complied with all laws of the C	Commonwealth relating to taxes; and
3. the premises are now open for business (If not e	explain below)
SIGNED BY Individual, Partner or Authorized C	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.	head of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	
DATE:	



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LICENSE NU	MBER: 073400002		CITY OR TOWN MONS	ON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE N	AME: ORANGE LA	ANTERN, INC.		
DOING BUSI	NESS A MAGIC LA	NTERN		
ADDRESS 39	9 BOSTON RD.WES	ST		
CITY/TOWN	: MONSON	STATE: MA	ZIP CODE: 01057	
MANAGER:	PESSOLANO, PATRICK B.	TYPE OF LICENSE:R	Restaurant CATEGOR	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
FIRST FLOO	R, CELLAR FOR STO	ORAGE		
I hereby certify	y and swear under pen	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	ne same premises now licensed	;
2. the	licensee has complied	l with all laws of the Cor	nmonwealth relating to taxes; a	ind
3. the	premises are now ope	en for business (If not exp	plain below)	
SIGNED BY	Individual, Pa	artner or Authorized Cor	porate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Society)	
Acts of 2004,	signed by the buildi	ng inspector and the he	the certificate required by Ch ad of the fire department for surance required by Chapter	the above
Please Check Bel	ow:		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	a explain)			
			-	
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILE	D BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 13	8 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073400003		CITY OR TOWN MONSON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: RAMADON ENT	TERPRISES, INC.	
DOING BUSINESS A CJ'S RESTAUR	ANT	
ADDRESS 371 BOSTON RD.WEST		
CITY/TOWN: MONSON	STATE: MA	ZIP CODE: 01057
MANAGER: HODGDON, TY LINDA A	PE OF LICENSE: Rest	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM.	AIL ADDRESS
DESCRIPTION OF LICENSED PREM	ISES:	
FIRST FLOOR OF STRUCTURE BLD ENTRANCES AND EXITS, DINING R CONSTRUCTED FRONT PORCH WA	ROOM, MAIN DINING	
I hereby certify and swear under penaltic	es of perjury that:	
1. the renewed license will be or	f the same type for the s	same premises now licensed;
2. the licensee has complied wit		•
3. the premises are now open for	r business (If not explain	in below)
SIGNED BY  Individual Partne	er or Authorized Corpor	rate Officer
maryadar, ruma	a of Humorized Corpor	and Girler
DATE: TELEBRO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
TELEFIIO	NE NUMBER.	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building in	nspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(11 disappioved explain)		
DATE:		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 07340000	4	CITY OR TOWN MONSON	
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: QUABOA	AG RIDERS, INC.		
DOING BUSINESS A			
ADDRESS 31 KING AVE.			
CITY/TOWN: MONSON	STATE: MA	ZIP CODE: 01057	
MANAGER: PERRY, MARK SR.	A. TYPE OF LICENSE: Gen pren		ohol
EMAIL ADDRESS:			
PLEASE ALSO V	TSIT OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF LICENSED			
CLUB HOUSE, TWO FLOORS PAVILLION	,SEPARATE ENTRANCES A	AND EXITS BOTH FLOORS;	
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license w	vill be of the same type for the s	same premises now licensed;	
2. the licensee has comp	olied with all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now	open for business (If not explain	in below)	
SIGNED BY	1. Destruction A. Alexie and Commen	OSC	
maividua	l, Partner or Authorized Corpor	rate Officer	
DATE:		EMPLOYED INCLUDING ATTOMANY IN	
TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMI  (Note: NOT Individual Social Security Num	
			,
Acts of 2004, signed by the bu	ilding inspector and the head	e certificate required by Chapter 304 of l of the fire department for the above rance required by Chapter 116 of the A	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			_
		-	=
DATE:			_



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LICENSE NUMBER: 0'	73400010		CITY OR TOWN	MONSON	
APPLICATION FOR R	ENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: G	OLF TWO ENTERPRI	SES, INC.			
DOING BUSINESS A	QUABOAG VALHALI	LA RESTAURA	ANT		
ADDRESS 70 PALMEI	R RD.				
CITY/TOWN: MONSO	ON ST	ΓATE: MA	ZIP CODE:	01057	
MANAGER: PLANT WILLIA	· ·	LICENSE: Rest	taurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					]
PLE	ASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EM	AIL ADDRESS		_1
DESCRIPTION OF LIC	ENSED PREMISES:				
FIRST AND SECOND LOUNGE WITH CELL		E SERVING BA	ARS, RESTAURA	ANT AND CO	OCKTAIL
I hereby certify and swe	ar under penalties of per	jury that:			
1. the renewed	license will be of the sar	ne type for the s	same premises nov	v licensed;	
2. the licensee h	nas complied with all lav	ws of the Comm	onwealth relating	to taxes; and	
3. the premises	are now open for busine	ess (If not explain	in below)		
SIGNED BY					
I	ndividual, Partner or Au	thorized Corpor	rate Officer		
DATE:	TELEPHONE NUI	MBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building inspecto	r and the head	of the fire depart	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH(	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					
DATE:					



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LICENSE NUMBER	:: 073400011		CITY OR TOWN	MONSON	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 143 PAL	A				
				01057	
CITY/TOWN: MOI		STATE: MA	ZIP CODE:	01057	
MANAGER: PIKU	JL, ANTHONY TYI	PE OF LICENSE: Gen prer		ATEGORY:	All Alcohol
EMAIL ADDRESS:					
Ī	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMIS	SES:			
ENTIRE FIRST FLO PLUS OUT BUILDI		WITH LIQUOR STO HE PAVILLION	ORAGE ROOM ON	I SECOND F	LOOR
I hereby certify and s	wear under penalties	of perjury that:			
1. the renew	ed license will be of	the same type for the	same premises now	licensed;	
2. the license	ee has complied with	all laws of the Comm	nonwealth relating to	taxes; and	
3. the premis	ses are now open for	business (If not expla	in below)		
SIGNED BY	T 11 1 1 D .	A :1 : 1.0	. 0.55		
	individual, Partner	or Authorized Corpo	rate Officer		
D.A.TE					
DATE:	TELEPHON	E NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividuai sociai s	ecurity Number)
Acts of 2004, signed	by the building ins	in possession (1) the spector and the head liquor liability insur	of the fire departr	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)		-		
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED BY L	ICENSEES DURING THE MO	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	2K: 073400012		CITY OR TOWN	MONSON
APPLICATION FO	OR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: MONSON MARK	XETS, INC		
DOING BUSINESS	S A ADAMS DISCO	UNT LIQUORS		
ADDRESS 115 MA	AIN STREET			
CITY/TOWN: MO	ONSON	STATE: MA	ZIP CODE:	01057
	GRADY, TY CHAEL J.	PE OF LICENSE: Pa	ackage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS	3:			
DESCRIPTION OI	PLEASE ALSO VISIT OUR W F LICENSED PREMI	SES:	EMAIL ADDRESS	
2. the licer	nsee has complied with nises are now open for	h all laws of the Com	<u> </u>	
	11101 (100011, 1 01010)	- 01 1 <b>144</b> 1101112 <b>04</b> Corp		
DATE:	TELEPHON	NE NUMBER:		IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	]  lain)		LOCAL LICENS. By:	ING AUTHORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073400014		CITY OR TOWN	MONSON
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: LE POER,PETER	L		
DOING BUSINESS A MAIN STREET	LIQUORS		
ADDRESS 21 MAIN STREET			
CITY/TOWN: MONSON	STATE: MA	ZIP CODE:	01057
MANAGER: LE POER,PETER TY	PE OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMI			
$2\ 1/2$ STORY BLDG. ON THE FIRST FAND EGRESS FROM THE BASEMEN	T. CONSTRUCTION		
APARTMENT ON THE SECOND FLO			
<ol> <li>I hereby certify and swear under penaltie</li> <li>the renewed license will be of</li> <li>the licensee has complied wit</li> <li>the premises are now open for</li> </ol>	f the same type for the h all laws of the Comm	nonwealth relating to	
SIGNED BY Individual, Partne	er or Authorized Corpo	orate Officer	
DATE: TELEPHON	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:			ING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073400029		CITY OR TOWN	MONSON
APPLICATION FOR RENEWAL	: Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: JHHM LLC			
DOING BUSINESS A DEMAIO	DISCOUNT PACKAGE S	STORE	
ADDRESS 145 PALMER ROAD			
CITY/TOWN: MONSON	STATE: MA	ZIP CODE:	01057
MANAGER: KAUR, SURJIT	TYPE OF LICENSE:P	ackage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED P	REMISES:		
ONE ROOM 40X60, BACK STORALL ON FIRST FLOOR. SIDE E			
I hereby certify and swear under pe	enalties of perjury that:		
1. the renewed license wil	l be of the same type for th	ne same premises now	licensed;
2. the licensee has compli-	ed with all laws of the Cor	nmonwealth relating to	taxes; and
3. the premises are now of		=	
SIGNED BY			
	Partner or Authorized Cor	porate Officer	
DATE: TELE	EPHONE NUMBER:		IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER: 0/340003/	(	LITY OR TOWN MONSON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: BETH & DEBS DOING BUSINESS A BETH'S FAMI	,	
ADDRESS 107 MAIN STREET		
CITY/TOWN: MONSON	STATE: MA	ZIP CODE: 01057
MANAGER: BROWN, TELIZABETH M.	YPE OF LICENSE: Resta	
EMAIL ADDRESS:  PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	II. ADDRESS
DESCRIPTION OF LICENSED PREM	IISES:	
APPROX. 6,000 SQ. FT. TOTAL;BAS 1ST FLOOR 3000 SQ FT-DINING 1,2 FT. AND BAR 550 SQ. FT. KITCHEN DINING ENTRANCE ON SOUTH SII	00 SQ. FT. COMMON A I - EAST SIDE,BAR EN	-
I hereby certify and swear under penalti	es of perjury that:	
1. the renewed license will be	of the same type for the sa	ame premises now licensed;
2. the licensee has complied wi	th all laws of the Commo	onwealth relating to taxes; and
3. the premises are now open for	or business (If not explain	n below)
SIGNED BY Individual, Partn	er or Authorized Corpora	ate Officer
DATE.		
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
		marvada Boedi Beeding (Amber)
Acts of 2004, signed by the building i	inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
(II disapproved explain)		
DATE:		



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LICENSE NU	MBER: 073400039		CITY OR TOWN MONSON	N
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N.	AME: MARIA'S PIZZ	ERIA & SEAFOOD,IN	C.	
DOING BUSI	NESS A			
ADDRESS 52	MAIN STREET			
CITY/TOWN:	: MONSON	STATE: MA	ZIP CODE: 01057	
MANAGER:	MARKOPOULOS, T	ΓΥΡΕ OF LICENSE: Re	staurant CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PREI			
	;DINING ROOM ( 2 EN BATHROOMS	VTRANCE /EXITS)KIT	TCHEN(1 ENTRANCE/EXIT) 2	2
I hereby certify	y and swear under penal	ties of perjury that:		
1. the	renewed license will be	of the same type for the	e same premises now licensed;	
2. the	licensee has complied v	with all laws of the Com	monwealth relating to taxes; and	l
3. the	premises are now open	for business (If not expl	ain below)	
SIGNED BY				
	Individual, Part	mer or Authorized Corp	orate Officer	
DATE				
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
			(1997) 1992 Maryidan Boein	Security Transcer,
Acts of 2004,	signed by the building	inspector and the hea	ne certificate required by Chap d of the fire department for th urance required by Chapter 11	e above
Please Check Bel	ow:		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	u expiain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

C.	ITY OR TOWN MONSON
Annual	LICENSED FOR 2013
CLASS	YEAR
VERN	
STATE: MA	ZIP CODE: 01057
E OF LICENSE: Restau	arant CATEGORY: All Alcohol
SITE AND ENTER YOUR EMAIL	L ADDRESS
ES:	
	AIN STREET CONTAINING T OF APPROX. 600 SQ. FT. FOR OF PREMISE
of perjury that:	
• 1	me premises now licensed;
	nwealth relating to taxes; and
usiness (If not explain	below)
r Authorized Corporat	e Officer
NIIMRER:	EMPLOYER IDENTIFICATION NUMBER:
IVONIDER.	(Note: NOT Individual Social Security Number)
ector and the head of	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
]	LOCAL LICENSING AUTHORITY
	By:
	Annual CLASS  AVERN  STATE: MA  COF LICENSE: Restaut  SITE AND ENTER YOUR EMAIL  EST FLOOR OF 216 M TCHEN. BASEMEN' FRONT AND REAR  If perjury that: e same type for the same